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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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Application Number	
Filing Date	
First Named Inventor	Chuck Olson
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	

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Delphine M. James, Attorney-at-Law

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Charles (Chuck) D. Olson
Signature	Charles D. Olson
Date	30 JULY 03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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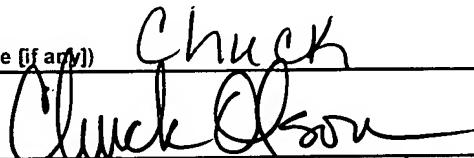
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Chuck	Family Name or Surname	Olson
Inventor's Signature		Date	✓ 30 JULY 03
Residence: City	Bellville	State	TX
Country	U.S.A.	Citizenship	✓ YES

Mailing Address 1535 Bell Oaks Drive

City	Bellville	State	TX	ZIP	77418	Country	U.S.A.
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship

Mailing Address

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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.